REVISION DATES: 09/30/2014; 02/04/2012

NOTE: Historically AHCCCS used an ASC Grouper system for pricing which is no longer supported by Medicare. AHCCCS transitioned to the "new" ASC model effective 10/1/2008. This revision as presented below is a replacement of the outdated chapter.

COVERED SERVICES

An Ambulatory Surgical Center (ASC) is a certified, free-standing facility that operates exclusively for the purpose of furnishing outpatient surgical services.

The AHCCCS ASC fee schedule will not group rates, but will assign a rate to each allowable code. This structure is similar to the Medicare ASC structure but rates will be AHCCCS specific.

AHCCCS does not bundle procedure codes with implants.

The AHCCCS fee schedule payment covers all services provided in the ASC in conjunction with rendering surgical procedures, including but not limited to, nursing services, medical supplies, equipment, and the use of the facility.

PRIOR AUTHORIZATION

Ambulatory surgical facilities furnishing non-emergency surgical services must obtain a PA number for scheduled ambulatory surgery except voluntary sterilization procedures and dialysis related services including FES on Extended Services.

The facility's PA number is *separate* from the surgeon's PA number.

GENERAL BILLING

The Ambulatory Surgical Center must bill on the CMS1500 form type with the surgical CPT procedure code(s) and appropriate modifier(s). Refer to the ASC FFS Rates & Codes available on the AHCCCS website at:

http://www.azahcccs.gov/commercial/ProviderBilling/rates/ASCrates.aspx

The ASC will also follow the Facility Outpatient Fee Schedule (OPFS) Correct Coding Initiatives (CCI).

REIMBURSEMENT

The AHCCCS ASC fee schedule will assign a rate to each allowable code.

The AHCCCS fee schedule may have fees established as zero for codes that are allowable in the ASC setting, but are included in the fees associated with the surgical procedures. Unlike other AHCCCS fee schedules, if the fee for the procedure is $0.00 for the claim date of service, the allowed amount should be $0.00 (zero pay).

Appropriate modifier reductions are applied for ASC claims (i.e. multiple surgeries, bilateral surgeries, etc.) ASC claims with more than four secondary surgical procedures will pend for Medical Review.